

VARICELLA VACCINE PROVIDER REGISTRATION

LHJ_____

DATE_____

PROVIDER SITE NAME_____

MAILING ADDRESS_____

CITY_____STATE_____ZIP_____

CONTACT PERSON_____PHONE NUMBER_____

SHIPPING INFORMATION (IF DIFFERENT; **PLEASE - NO PO BOXES**):

SHIPPING ADDRESS_____

CITY_____STATE_____ZIP_____

DELIVERY TIMES:

MON_____

TUES_____

WEDS_____

THURS_____

FRI_____

SPECIAL INSTRUCTIONS:

THE FOLLOWING SECTION MUST BE COMPLETED TO RECEIVE VARICELLA VACCINE

CAN FREEZER MAINTAIN A AVERAGE TEMPERATURE OF 5F (-15C) OR COLDER____YES____NO____

DOES FREEZER HAVE A SEPARATE, INSULATED DOOR____YES____NO____

VARICELLA VACCINE MAY BE STORED IN A NON-FROST FREE FREEZER

WHAT TYPE OF TEMPERATURE MEASURING DEVICE IS USED IN FREEZER:

INDIVIDUAL PROVIDING INFORMATION AT PROVIDER SITE_____

DATE REGISTERED_____